

COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

Department of Motor Vehicles Information Services Branch Employer Pull Notice—H265 P.O. Box 944231 Sacramento, CA 94244-2310

CHECK ONLY **ONE** PROCESS FOR EACH FORM SUBMITTED

□ **ENROLL** (\$5.00 per driver) **OR** □ **DELETE** (No fee)

Please type or print in ink		,		,
EMPLOYER CURRENT ADDRESS CITY STATE ZIP CODE			REQUESTER CO	DDE DATE
			TELEPHONE () Ext. CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
	RS ADDED (A \$5 ENROLL	MENT FEE FOR	EACH DRIVER WILL BE BII	LLED TO YOUR ABIS ACCOUNT)
	RS DELETED (NO FEE)			,
FOR ENROLLMENT ONLY: I certify under penalty of perjui	ry, under the laws of the S Code §1808.1, have signed	d an "Authorizat	ion for Release of Driver Re	ve who are not mandated for enrollment ecord Information" form (INF 1101) which
Executed at	CITY	- ·	COUNTY	,
Date	Signature X			
Printed name and title				